

FSA SOLUTION LIFE CYCLE (SLC)



Formal Signoff Document

Vision

| Phase Name: | <u>Vision</u> | |
|-------------------|--------------------------------|--------|
| Deliverable Name: | High Level Requirements | |
| Responsible: | (Project Manager Name) | |
| | (Project Manager Signature) | (Date) |
| | (RDM Lead Name) | |
| | (RDM Lead Signature) | (Date) |